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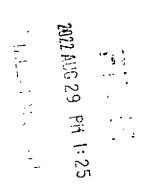
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S. ROBERTS AUG 2 9 2022

## **COVER LETTER**

FO: Registration Section Division of Corporations			
SUBJECT: Liberty 4 All Te	ch, Inc.		
Name o	f corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate above referenced foreign corporation to tra	of Good Standi	ng" and check are submitt	usiness in Florida," ed to register the
Please return all correspondence concernis	ng this matter to	the following:	
Omar Ali-Shamaa			
	Name of Pe	rson	
Ali-Shamaa Law, PLLC	)		
	Firm/Comp	ny	
10824 SW 90th Ln			
	Addres	3	
Miami, Florida 33176			
	City/State and	Zip code	
Omar@alishamaalaw.co	m		
E-mail address	: (to be used fo	future annual report notif	ication)
For further information concerning this m	atter, please ca	11:	
Omar Ali-Shamaa	at (305	) 450-9582 Daytime Telephon	
Name of Person	Area Code	Daytime Telephon	e Number
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Enclosed is a check for the following ame Please make check payable to: FLORIDA D \$70.00 Filing Fee \$78.75 Filin Certificate	EPARTMENT of Fee &	OF STATE \$78.75 Filing Fee & [ Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Delawar	ble in Florida, enter alternate corporate name adop	3-3792049	rusiness in i	101100)	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
8/15/202					
	of incorporation)	(Date of duration, if other than perpetual)		)	•
					-
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability	)		
8 The Gre	een STE R Dover DE, 19901				
<u>o me are</u>	(Principal office g	treet address)			•
8 The Gre	een STE R Dover DE 19901		e.;	207	
	(Current mailing ac	ddress, if different)	2.5	2072 AUG	: سورو ال
			<u> </u>	JG 2	
. Name and stree	et address of Florida registered agent: (P.O. B	ox NOT acceptable)		۵	•
Name:	Registered Agents Inc.	_	,	PX	•
Office Address:	7901 4th St N STE 300		-	1:2	
onice Address.	St Petersburg	- Elacida 33702	;·	55	
	St. Petersburg (City)	(Zip code)			
. <b>.</b>					
Taving been nan	ent's acceptance: sed as registered agent and to accept service (	of process for the above stated o	erperation	n at the	place
ecionated in this	application. I hereby accept the appointmen	t as registered agent and agree	to act in th	his capa	ісиу.
esignace in me	comply with the provisions of all statutes rela				

<sup>10.</sup> Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	M 112 2 2 110			
□ Chairman	Mr. Haiwan LLC	☐ Chairman	Name:	
☐ Vice Chairman	Address: P.O. Box 220009	□Vice Chairman	Address:	
□Director	Hollywood, Florida 33022	Director		
President		President		
□Vice President		□Vice President		
□Secretary	Treasurer	Secretary		☐Treasurer
ØlOther Office	Other	Other		□ Other
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		☐Vice President		
Secretary	□Treasurer	Secretary		☐Treasurer
Other	Other	□Other		□ Other
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
☐ President		☐ President		
☐ Vice President		□Vice President		
Secretary	□Treasurer	Secretary		☐Treasurer
□Other		Other	<del></del>	□Other
individuals may b	Use an attachment to report more than six (6). The atta e added to the index when filing your Florida Departmental Nusbaum	ent of State Annual R	ed for reporting pa eport form.	urposes only. Non-indexed
-	Signature of Director of			
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
13. Bradley	/ Nusbaum, Manager	. ,		

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LIBERTY 4 ALL TECH, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF AUGUST, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIBERTY 4 ALL TECH, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2022.

Authentication: 204233566

Date: 08-24-22